

**Office of Retirement Services**

P.O. Box 30171 | (800) 381-5111 (Lansing area 322-5103)  
 Lansing MI 48909-7671 | www.michigan.gov/ors

# State and State Police Retiree Insurance Plan Rates

## Coverage for Your Dependent(s)

Eligible dependents for health, dental, and vision insurance plans include your spouse (as long as he or she is not also separately enrolled as an eligible state employee or retiree) and your unmarried children until the end of the month in which they turn 19. Coverage for your eligible dependents will be the same as yours. You may be asked to provide tax returns as proof of dependency and school records as proof of school attendance.

In addition to being unmarried, children must be your children by birth, legal adoption, or legal guardianship, and:

- Are in your custody and dependent on you for support (step-children may be covered if they live with you more than 50% of the time), OR
- Do not reside with you, but are your legal responsibility for the provision of medical care (for example, children of divorced parents).

In the case of legal adoption, a child is eligible for coverage as of the date of placement.

## Continuing coverage for your dependent children.

If your coverage is still active but your dependent child no longer meets the eligibility criteria outlined above, your dependent child can remain on your coverage through the month in which the child turns 25 if he or she is:

- Unmarried and between the ages of 19 and 25, AND
- Dependent on you for financial support, AND
- A student who regularly attends school.

If your enrolled dependent is an incapacitated child, coverage will continue as long as he or she became incapacitated before age 19, continues to be incapacitated, and your coverage does not terminate for any other reason.

## Medicare Coverage

You're eligible for Medicare at age 65 (or after 24 months of social security disability eligibility). The Social Security Administration automatically enrolls you in Medicare Part A, which covers inpatient hospital care and has no cost to you. Part B, which has a monthly premium and is therefore optional, covers physician and other outpatient medical expenses.

Though Part B is optional, you must enroll as soon as you are eligible because your state health coverage automatically becomes a supplement to Medicare. This means that it will no longer pay any expenses normally paid by Medicare. It will, however, pay for expenses Medicare approves but does not pay for, like your deductible and copays (assuming the service is covered by your state health plan).

**NOTE: It is your responsibility to notify ORS in writing of any changes in status of you or your family that affects eligibility and/or coverage. Refunds of retroactive premiums will not be made. If claims are paid on an ineligible individual, the costs of such claims may be deducted from future pension checks.**

## Monthly Rates – Effective October 1, 2004

<b>State Health Plan</b>	<b>Total Premium</b>	<b>State Subsidy</b>	<b>Retiree's Share</b>
<b><u>Without Medicare</u></b>			
Self	\$545.79	\$519.19	\$26.61
Self and Spouse	1,091.59	1,037.01	54.58
Self and Child(ren)	687.50	653.13	34.38
Self, Spouse, and Child(ren)	1,263.66	1,200.48	63.18
<b><u>With Medicare</u></b>			
Self	\$286.18	\$286.18	\$ .00
Self and Spouse	572.36	572.36	.00
Self and Child(ren)	427.89	427.89	.00
Self, Spouse, and Child(ren)	744.44	744.44	.00
<b><u>One With Medicare and One Without Medicare</u></b>			
One With and One Without Medicare	\$831.98	\$831.98	\$ .00
One With and One Without Medicare & Child(ren)	1,004.05	1,004.05	.00
<b><u>State Dental Plan</u></b>			
Self Only	\$31.67	\$28.50	\$3.17
Self & Spouse	57.71	51.94	5.77
Self & Child(ren)	70.50	63.45	7.05
Self, Spouse & Child(ren)	96.55	86.90	9.65

<b>State Vision Plan</b>	<b>Total Premium</b>	<b>State Subsidy</b>	<b>Retiree's Share</b>
Self Only	\$ 5.18	\$ 4.66	\$ .52
Self & Spouse	8.42	7.57	.85
Self & Child(ren)	11.78	10.60	1.18
Self, Spouse & Child(ren)	15.02	13.51	1.51

## Health Maintenance Organization (HMO) Plans

### **Blue Care Network Mid Michigan**

#### **Without Medicare**

Self	\$683.65	\$519.19	\$164.46
Self and Spouse	1,367.30	1,037.01	330.60
Self and Child(ren)	861.12	653.13	207.99
Self, Spouse, and Child(ren)	1,582.86	1,200.48	382.38

#### **With Medicare**

Self	\$451.48	\$286.18	\$165.30
Self and Spouse	902.96	572.36	330.30
Self and Child(ren)	628.95	427.89	201.06
Self, Spouse, and Child(ren)	1,080.43	744.44	335.99

#### **One With Medicare and One Without Medicare**

One With and One Without Medicare	\$1,135.13	\$831.98	\$303.15
One With and One Without Medicare & Child(ren)	1,312.60	1,004.05	308.55

### **Blue Care Network East Michigan–Flint**

#### **Without Medicare**

Self	\$625.83	\$519.19	\$106.64
Self and Spouse	1,251.66	1,037.01	214.65
Self and Child(ren)	788.29	653.13	135.16
Self, Spouse, and Child(ren)	1,448.98	1,200.48	248.50

#### **With Medicare**

Self	\$430.77	\$286.18	\$144.59
Self and Spouse	861.54	572.36	289.18
Self and Child(ren)	593.23	427.89	165.34
Self, Spouse, and Child(ren)	1,024.00	744.44	279.56

#### **One With Medicare and One Without Medicare**

One With and One Without Medicare	\$1,056.60	\$831.98	\$224.62
One With and One Without Medicare & Child(ren)	1,219.06	1,004.05	215.01

### **Blue Care Network East Michigan–Saginaw**

#### **Without Medicare**

Self	\$616.36	\$519.19	\$97.17
Self and Spouse	1,232.72	1,037.01	195.71
Self and Child(ren)	776.36	653.13	123.23
Self, Spouse, and Child(ren)	1,427.06	1,200.48	226.58

#### **With Medicare**

Self	\$430.77	\$286.18	\$144.59
Self and Spouse	861.54	572.36	289.18
Self and Child(ren)	590.77	427.89	162.88
Self, Spouse, and Child(ren)	1,021.54	744.44	277.10

#### **One With Medicare and One Without Medicare**

One With and One Without Medicare	\$1,047.13	\$831.98	\$215.15
One With and One Without Medicare & Child(ren)	1,207.13	1,004.05	203.08

### **Blue Care Network Southeast Michigan**

#### **Without Medicare**

Self	\$625.11	\$519.19	\$105.92
Self and Spouse	1,250.22	1,037.01	213.21
Self and Child(ren)	787.39	653.13	134.26
Self, Spouse, and Child(ren)	1,447.32	1,200.48	246.84

#### **With Medicare**

Self	\$424.42	\$286.18	\$138.24
Self and Spouse	848.84	572.36	276.48
Self and Child(ren)	586.70	427.89	158.81
Self, Spouse, and Child(ren)	1,011.12	744.44	266.68

#### **One With Medicare and One Without Medicare**

One With and One Without Medicare	\$1,049.53	\$831.98	\$217.55
One With and One Without Medicare & Child(ren)	1,211.81	1,004.05	207.76

<b>Blue Care Network West Michigan–Great Lakes</b>	<b>Total Premium</b>	<b>State Subsidy</b>	<b>Retiree's Share</b>
<b><u>Without Medicare</u></b>			
Self	\$771.11	\$519.19	\$251.92
Self and Spouse	1,542.22	1,037.01	505.21
Self and Child(ren)	971.29	653.13	318.16
Self, Spouse, and Child(ren)	1,785.35	1,200.48	584.87
<b><u>With Medicare</u></b>			
Self	\$443.53	\$286.18	\$157.35
Self and Spouse	887.06	572.36	314.70
Self and Child(ren)	643.71	427.89	215.82
Self, Spouse, and Child(ren)	1,087.24	744.44	342.80
<b><u>One With Medicare and One Without Medicare</u></b>			
One With and One Without Medicare	\$1,214.64	\$831.98	\$382.66
One With and One Without Medicare & Child(ren)	1,414.82	1,004.05	410.77
<b>Care Choices</b>			
<b><u>Without Medicare</u></b>			
Self	\$640.54	\$519.19	\$121.36
Self and Spouse	1,281.09	1,037.01	244.08
Self and Child(ren)	806.83	653.13	153.70
Self, Spouse, and Child(ren)	1,483.05	1,200.48	282.56
<b><u>With Medicare</u></b>			
Self	\$335.84	\$286.18	\$49.65
Self and Spouse	671.74	572.36	99.37
Self and Child(ren)	502.18	427.89	74.30
Self, Spouse, and Child(ren)	873.63	744.44	129.20
<b><u>One With Medicare and One Without Medicare</u></b>			
One With and One Without Medicare	\$976.38	\$831.98	\$144.40
One With and One Without Medicare & Child(ren)	1,178.34	1,004.05	174.29
<b>Health Alliance Plan</b>			
<b><u>Without Medicare</u></b>			
Self	\$565.41	\$519.19	\$46.22
Self and Spouse	1,130.82	1,037.01	93.81
Self and Child(ren)	712.19	653.13	59.06
Self, Spouse, and Child(ren)	1,309.09	1,200.48	108.61
<b><u>With Medicare</u></b>			
Self	\$296.44	\$286.18	\$10.26
Self and Spouse	592.95	572.36	20.59
Self and Child(ren)	443.28	427.89	15.39
Self, Spouse, and Child(ren)	771.16	744.44	26.72
<b><u>One With Medicare and One Without Medicare</u></b>			
Self Without Medicare & Spouse With Medicare	\$861.85	\$831.98	\$29.87
Self With Medicare & Spouse Without Medicare	861.39	831.98	29.41
One With and One Without Medicare & Child(ren)	1,040.13	1,004.05	36.08
<b>Health Plus</b>			
<b><u>Without Medicare</u></b>			
Self	\$594.31	\$519.19	\$75.12
Self and Spouse	1,188.62	1,037.01	151.61
Self and Child(ren)	748.59	653.13	95.46
Self, Spouse, and Child(ren)	1,376.01	1,200.48	175.53
<b><u>With Medicare</u></b>			
Self	\$365.98	\$286.18	\$79.80
Self and Spouse	731.96	572.36	159.60
Self and Child(ren)	655.55	427.89	227.66
Self, Spouse, and Child(ren)	1,021.53	744.44	277.09
<b><u>One With Medicare and One Without Medicare</u></b>			
One With and One Without Medicare	\$960.29	\$831.98	\$128.31
Self Without Med. & Spouse With Med. & Child(ren)	1,147.68	1,004.05	143.63
Self With Med. & Spouse Without Med. & Child(ren)	1,249.86	1,004.05	245.81

### **M-Care—Genesee County Only**

#### **Without Medicare**

	<b>Total Premium</b>	<b>State Subsidy</b>	<b>Retiree's Share</b>
Self	\$502.52	\$502.52	\$ .00
Self and Spouse	1,005.05	1,005.05	.00
Self and Child(ren)	633.18	633.18	.00
Self, Spouse, and Child(ren)	1,163.34	1,163.34	.00

#### **With Medicare**

Self	\$369.31	\$286.18	\$83.13
Self and Spouse	738.62	572.36	166.26
Self and Child(ren)	499.97	427.89	72.08
Self, Spouse, and Child(ren)	869.28	744.44	124.84

#### **One With Medicare and One Without Medicare**

One With and One Without Medicare	\$871.83	\$831.98	\$39.85
One With and One Without Medicare & Child(ren)	1,030.12	1,004.05	26.07

### **Priority Health Plan**

#### **Without Medicare**

Self	\$585.25	\$519.19	\$66.06
Self and Spouse	1,170.50	1,037.01	133.49
Self and Child(ren)	737.16	653.13	84.03
Self, Spouse, and Child(ren)	1,355.00	1,200.48	154.52

#### **With Medicare**

Self	\$306.85	\$286.18	\$20.67
Self and Spouse	613.75	572.36	41.39
Self and Child(ren)	458.84	427.89	30.95
Self, Spouse, and Child(ren)	798.22	744.44	53.78

#### **One With Medicare and One Without Medicare**

One With and One Without Medicare	\$892.10	\$831.98	\$60.12
One With and One Without Medicare & Child(ren)	1,076.63	1,004.05	72.58

### **PHP – Lansing**

#### **Without Medicare**

Self	\$638.16	\$519.19	\$118.97
Self and Spouse	1,276.32	1,037.01	239.31
Self and Child(ren)	803.83	653.13	150.70
Self, Spouse, and Child(ren)	1,477.53	1,200.48	277.05

#### **With Medicare**

Self	\$334.59	\$286.18	\$48.41
Self and Spouse	669.24	572.36	96.88
Self and Child(ren)	500.32	427.89	72.43
Self, Spouse, and Child(ren)	870.39	744.44	125.95

#### **One With Medicare and One Without Medicare**

One With and One Without Medicare	\$972.75	\$831.98	\$140.77
One With and One Without Medicare & Child(ren)	1,173.96	1,004.05	169.91

### **PHP – Jackson**

#### **Without Medicare**

Self	\$597.05	\$519.19	\$77.86
Self and Spouse	1,194.10	1,037.01	157.09
Self and Child(ren)	752.04	653.13	98.91
Self, Spouse, and Child(ren)	1,382.34	1,200.48	181.86

#### **With Medicare**

Self	\$313.03	\$286.18	\$26.85
Self and Spouse	626.13	572.36	53.77
Self and Child(ren)	468.09	427.89	40.20
Self, Spouse, and Child(ren)	814.32	744.44	69.88

#### **One With Medicare and One Without Medicare**

One With and One Without Medicare	\$910.08	\$831.98	\$78.10
One With and One Without Medicare & Child(ren)	1,098.33	1,004.05	94.28